## Seattle and King County Automated External Defibrillator (AED) Site Documentation Form

Washington State Law requires that a licensed physician or osteopath provide medical direction to a person or entity purchasing an AED. The Medical Director will help to develop instructions for your AED program to ensure that they are appropriate for your agency and are in accordance with American Heart Association Guidelines. The Medical Director will provide oversight of these instructions to ensure ongoing compliance, assure that users receive appropriate training, and that the AED is in a location to make your AED program a success.

If you live in Seattle, medical direction can be provided by Dr. Michael Copass. If you live in King County, medical direction can be provided by Dr. Mickey Eisenberg, or you can name a physician of your choice.

What action are you re	equesting? P	lease check a	ll that apply	to your situa	tion:					
☐ Request for Inform			e:							
I have questions abo		•								
Request Medical P										
	I would like to purchase an AED and I need a medical prescription. (Much like a prescription for a medication, the Food and Drug Administration requires a physician to write a medical prescription for the purchase of an AED. <u>By checking this box, King County EMS car</u>									
provide this for you. (Curre								oox, King County Eivis can		
Request Medical Direction for the use of an Automated External Defibrillator (AED)  I currently have an AED and would like to request Medical Direction for the use of an AED. (The entity or individual acquiring an AED)										
in the State of Washington must have Medical Direction authorized by a physician. King County EMS can provide this for you.										
Request Registration of an Automated External Defibrillator (AED)										
I currently have an Automated External Defibrillator and Medical Direction and would like to register the device.										
Medical Director Name: (Please Print)										
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Request to update	information									
My device is already			FMS and Lv	vould like to u	ndate mv s	ite informa	ation			
my device is an eady i	ogiotorea mar	rang county		round into to ap	oddio my o	110 11110111110				
<b>Customer Information</b>	ı:						** = <b>R</b> e	equired Fields		
**Company or										
Agency Name:										
If Private Resident list										
**Customer Name:										
Pusiness Type: /Fw. L	ow offices	First	Name				Last Na	ame		
Business Type: (Ex: La School, Manufacturer, Pul										
**Physical Address:										
1										
Address :			Ctro	et Address				Suite/Apt #		
City, State, Zip:			Sile	et Address				Suite/Apt #		
Oity, Otato, Zip.	City			State			Zip			
**Mailing Address:		vsical Addre	2.2.5				•			
_		•								
Addiess .				et Address				Suite/Apt #		
City, State, Zip:			Oli C	ot Address				ошко/прі н		
Oity, Otato, 2ip.	City			State			Zip			
Days of Operation:	□ Ma:	□ <b>T</b> a.s	□ \\/a -¹	☐ <b>T</b> b		□ Cc+	□ C	□ Zdovo \\\ o ok		
Please check all that apply	☐ Mon	☐ Tues	☐ Wed	☐ Thurs	☐ Fri	☐ Sat	Sun	☐ 7days/Week		
Hours of Operation:					□ 24	/7 (Ex: P	rivate Resid	ence, 24hr Business)		
	Start 7	Гіте	-	End Time	·	,				

Training Information:				
Training provided by or Tourish Assoc., American Red Cross, I				
Number of People trained		·	Training completed:	
ATD T 0				
AED Information:  Total Number	If you have more than two	o dovisoo plagos abaak balay	v. You will be contacted the pro	aram acardinator to
of AED's:	document additional device		7. You will be contacted the pro	ogram coordinator to
AED #_1_ **Serial #		Date AED	put into operation	
**Make		**Model		
Location of the Device: S Address 1:	ame as  Physical Address			
		Street Address		Suite/Apt #
City, State, Zip:	Citv	State	Zip	
Is this AED located in unit		If "No", what city is th		
County?  Yes  No	<u> </u>	ii ito , miat ony io iii		Unknown
-	Number			
Number of Employees at	of		dence: List number of people	who
this location	Visitors	reside at this lo		
Placement of the Device:	Describe the approximate in	ocation your device is placed	in your home, business or vehi	cie:
0" 1" 10 11				
Site Visit Completed by:	First Name	Last Name	Ag	ency
Date of Site Visit:		I Fire Dept: List the name or that responds to your location		
<b>AED Information:</b>				
Total Number of AED's:	If you have more than two document additional device		v. You will be contacted the pro	ogram coordinator to
AED # 2 **Serial #		Date AED	put into operation	
**Make		*****		
Location of the Device: S				
		Street Address		Suite/Apt #
City, State, Zip:	City	State		
Is this AED located in unit	•	If "No", what city is th		
County?  Yes N	<u> </u>	, <b>,</b>		Unknown
	Number			
Number of Employees at this location	of Visitors	Private Residence reside at this lo	dence: List number of people ocation	who
Placement of the Device:	Describe the approximate lo	ocation your device is placed	in your home, business or vehi	cle:
Site Visit Completed by:				
Date of Site Visit:		Last Name  I Fire Dept: List the name o  that responds to your location	of the Fire	ency
		nacrosponas to your location	•	

 $\square$  Check here if you have additional AEDs to register. You will be contacted regarding specific information.

How did you hear about AED registration requirements? (check all that apply)					
☐ Public Health website					
☐ Public awareness campaign					
☐ Advertising					
☐ Business or trade journal					
☐ CPR/AED training					
☐ AED packaging and/or instructional materials					
☐ Other: (please specify)					
To complete your AED site documentation, you may agree to use Seattle/King County EMS AED instructions or you can submit a copy of your Medical Director's AED instructions. ( <i>link to AED Protocols</i> ) Please check the option you are using:					
☐ Using Seattle/King County AED instructions  OR  You may submit a copy of your own Medical Director's AED instructions by one of the following methods:					
☐ PDF – Email to Program Manager Barbara Welles at <u>barbara.welles@kingcounty.gov</u>					
☐ Fax – Attention: Barbara Welles (206) 296-4866					
☐ Mail – To: King County Emergency Medical Services Division Attn: Barbara Welles 401 5 <sup>th</sup> Ave, Suite 1200 Seattle, WA 98104					
<ol> <li>Medical direction is extended to your site based on an understanding that the following requirements have been met:         <ol> <li>State-approved training for a reasonable number of individuals at the site will be completed prior to installation of AED unit(s); (<a href="http://www.doh.wa.gov/hsqa/emstrauma/download/padguide.pdf">http://www.doh.wa.gov/hsqa/emstrauma/download/padguide.pdf</a>)</li> <li>Users will follow instructions related to AED use, as provided by the Medical Director;</li> <li>An AED Site Coordinator will be assigned to be responsible for AED maintenance, according to the manufacturer instructions.</li> </ol> </li> <li>When an AED is used during a cardiac arrest, the Site Coordinator will provide AED event data to Seattle Fire Department by calling QA Coordinator Michelle Olsufka at 206.521.1588 or King County EMS by calling Program Manager Barbara Welles at 206.263.8669.</li> </ol>					
Print Name of person completing this form Title:					
Phone number: Revised 7/22/11					